

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		2/12/01
FORMALITY REVIEW	JM	7C864	2/28/01
RESPONSE FORMALITY REVIEW	SIC	809	2-06-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
Final Original	1 3
23	33
23	24
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
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Claim	Date
Final Original	51
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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